(02-05) MFH PAYMENT CERTIFICATION AND DISCREPANCY MONITORING LOG

Employee Name							Location		
Identification Initial Certif						Certification Date		Page	of
TRAINING DATE:									
TRAINE	R NAME:								
	MONITORING								
DATE	SOURCE	RESULT	T T		ATION PE OCCURRENCE		ACTION TAKEN	COMMENTS RE	REVIEWER'S INITIALS
			DATE	TYF	E	OCCURRENCE			